

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE
CREDENTIALING DIVISION
PO BOX 94986
LINCOLN, NE 68509-4986
800-422-3460 / 402-471-2158

APPLICATION FOR AN EMERGENCY MEDICAL SERVICE LICENSE

Please print or type all applicable sections (Signatures must be originals)

SECTION A – LEVEL OF SERVICE REQUESTING TO BE LICENSED

	Basic Life Support		Transport Service		Non Transport Service
	Advanced Life Support		Transport Service		Non Transport Service

SECTION B – SERVICE INFORMATION

Name of the service:			
Address:	Street/PO/Route:		
	City:	State:	Zip:

SECTION C – OWNER OPERATOR INFORMATION

Services Contact Person			
Address	Street/PO/Route:		
	City:	State:	Zip:
Telephone Number	Day	Evening	

SECTION D – MEDICAL DIRECTOR INFORMATION

Name of Medical Director			
License Number:			
Address	Street/PO/Route:		
	City:	State:	Zip:
Telephone Number:			

SECTION E – ATTACHMENTS

Applicants applying for a service license in Nebraska must attach the following:	
1	A listing of the names, certification levels and certification numbers members/employees of your service.
2	Your written agreement with a licensed basic life support service if the applicant does not own or lease an ambulance.
3	A description or map of your service area.
4	If you have modified the EMS Model Protocols or adopted different protocols, please attach a copy

SECTION F – VERIFICATION OF MEETING REGULATION STANDARDS	
BASIC LIFE SUPPORT SERVICE APPLICANTS	
By our signatures below, we certify that the above named service meets the standards defined in Section 12-003.04A through 12-003.04L of the Regulations Governing Emergency Medical Services, 172 NAC 12, for a Basic Life Support Service.	
OR	
ADVANCED LIFE SUPPORT SERVICE APPLICANTS	
By our signatures below, we certify that the above named service meets the standards defined in Section 12-003 and Section 12-004.04A through 12-004.04I of the Regulations Governing Emergency Medical Services 172 NAC 12.	
Signatures:	
Service Contact Person:	
Physician Medical Director:	
CONTROLLED SUBSTANCE REGISTRATION #:	
(The controlled substance registration number must be issued to the service. The service cannot use the Physician Medical Directors number. If you have questions, please call 800-422-3460 / 402-471-2299.	

All Applicants must complete this section:	
Has this organization provided Emergency Medical Services in Nebraska prior to licensure?	Answer Yes or No
If yes, how many days have you provided Emergency Medical Services?	

SECTION H – FOR OFFICE USE ONLY			
Service inspected by:			
Date:		Inspection Results (Inspection Report Attached)	
		Pass	Fail
		Yes	No
Board Approval			
Date:			